



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
July 2016

| NAME | LOCATION | PROPOSAL | CAPITAL EXPENSE* | LOI RECEIVED | MTH | CR | APP DUE | APP RCVD | HEARING REQ/ DATE | DPHHS DECISION DEADLINE | DPHHS DECISION & DATE | REC REQ |
|--|----------|---|--------------------|--------------|------------|----|---------|----------|-------------------|-------------------------|-----------------------|---------|
| Blackfeet Tribal Nursing Home | Browning | Replace existing nursing home facility | Over \$1.5 Million | 2/4/16 | Mar 2016 | N | 7/11/16 | 7/8/16 | | 10/6/16 | | |
| Bellwood Ranch, LLC | Simms | Establish inpatient chemical dependency treatment | \$25,000 | 3/31/16 | April 2016 | N | 8/15/16 | | | | | |
| Glacier County Mobile Community Healthcare | Cut Bank | Establish home health services | N/A | 4/26/16 | May 2016 | N | 9/12/16 | | | | | |

LEGEND

* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

ASC Ambulatory Surgical Center
CDU Chemical Dependency Unit
CO County
CR Comparative Review
DEC Decision
DISMISS Appeal dismissed
FAC Facility
HHA Home Health Agency

H Hospital
IHS Indian Health Service
LOI Letter of Intent
LTC Long-Term Care
MTH Month of Notice
NH Nursing Home
NR Non-Reviewable Project
N/A Not Applicable

REC REQ Reconsideration Hearing of Decision
REQ Request
SNF Skilled Nursing Facility
TBA To Be Announced
TBI Traumatic Brain Injury
10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
N Disapproval or No **Y** Approval or Yes
DATES Month/Day/Year